

USAWC STRATEGY RESEARCH PROJECT

CARING FOR WOUNDED VETERANS: A STRATEGY IN THE GWOT

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ABSTRACT

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Winning the long war against terror and radical ideology requires maintaining the will of the American people through active Strategic Communication. In order to maintain long-term national will, one paramount message must be conveyed to the American public in no uncertain terms. The nation must be assured that when they entrust their most precious and valued asset, their sons and daughters, to the United States government that the government will ensure the long-term mental and physical well-being of its veterans. This project examines what more needs to be done to ensure that the United States government provides immediate and long-term care and support to our wounded veterans, regardless of their physical injury or mental illness. In order to ensure long-term care of wounded veterans, true “seamless transition” between government interagency as well as non-governmental organizations is essential.

CARING FOR WOUNDED VETERANS: A STRATEGY IN THE GWOT

With malice toward none; with charity for all; with firmness in the right, as God gives us to see the right, let us strive on to finish the work we are in; to bind up the nation's wounds; to care for him who shall have borne the battle, and for his widow, and his orphan--to do all which may achieve and cherish a just and lasting peace, among ourselves, and with all nations.¹

—Abraham Lincoln

The terrorist attacks at the Pentagon and World Trade Center on September 11, 2001 began a new chapter in American history which will undoubtedly be noted as a defining moment for generations to come. The attacks were a wake-up call, not only for the Islamic Jihad but to the United States and the Western way of life. The attacks served as notice to the United States that a policy of isolationism does not equate to national security. The event also confirmed that we can not afford to rely on the false luxury of geography to remain shielded from threats and adversaries. For the first time since the British assailed Washington, D.C. in 1812, the Continental United States was attacked by a foreign enemy. Little did we understand at the time (or at least demonstrate though our national policy) that our new enemy had initiated a type of warfare that was relatively unfamiliar to United States grand strategy and foreign policy. On the morning of September 11, 2001 the rules of engagement in the United States of America changed forever.

President George W. Bush made a “Declaration of National Emergency” on September 14, 2001². Subsequently, on November 13, 2001 President Bush issued a Military Order declaring that the United States was engaged in “a state of armed conflict...against international terrorists, including members of al Qaida.”³ First blood was drawn and the President of United States declared a Global War on Terror (GWOT). He put the world on notice that “no nation can be neutral in this conflict” and they were either for us or against us.⁴

The United States’ immediate reaction was to mobilize its powerful war machine which had proven itself to be virtually unrivalled in recent conflicts. However, the opposition did not and would not confront us with conventional military might. There was no piece of ground or territory identified which we could capture in order to raise our flag and declare victory. To date, there has been no strategic center of gravity or command and control nodes identified that we can attack with F-117 Stealth Fighters in order to cripple the enemy’s will. Our enemy is not a nation state, per se. Instead the contenders are ideologies, Democracy versus Extremism. The battlefield in this clash is the hearts, souls and mind of mankind.

Following combat operations in Afghanistan, the next decisive engagement in the GWOT proved to be regime change in Iraq. The United States' initial objective was accomplished relatively swiftly. However, we now know that the most bloody and difficult portion of the mission was about to begin. The United States was confronting an insurgency and unfortunately it would take many years and thousands of casualties before we could fully appreciate what we were up against. The insurgency had a new strategy, one that reflects a new generation of warfare.

Fourth generation warfare, which is now playing out in Iraq and Afghanistan, is a modern form of insurgency. Its practitioners seek to convince enemy political leaders that their strategic goals are either unachievable or too costly for the perceived benefit. The fundamental precept is that superior political will, when properly employed, can defeat greater economic and military power... Strategically, fourth-generation warfare remains focused on changing the minds of decision makers... it uses different messages for different audiences, all of which focus on breaking an opponent's political will... these modern insurgencies are the only type of war that the United States has lost... Winning, however, requires coherent, patient action that encompasses the full range of political, economic, social, and military activities.⁵

Our new enemy quickly learned and exploited the fact that the United States center of gravity is the will of the American people. National will has proven to be fickle and vulnerable, both to the influence of the media and the United States' internal political process. Subsequently, America's military is being aggressively targeted in the GWOT. The enemy is persistently and systematically inflicting casualties on our Soldiers, Sailors, Airmen, and Marines not so much to attrit our force, but to erode our nation's will to fight.

Winning the long war against terror and radical ideology requires maintaining the will of the American people through active Strategic Communication. In order to maintain long-term national will, one paramount message must be conveyed to the American public in no uncertain terms. The nation must be assured that when they entrust their most precious and valued asset to the United States government, their sons and daughters, that the government will ensure the long-term mental and physical well-being of its veterans.

Due to phenomenal improvements in medical treatment, service members injured during Operation ENDURING FREEDOM and Operation IRAQI FREEDOM (OEF/OIF) are surviving injuries that would have been fatal in past conflicts. Although much is being done, more remains to be done in providing support systems for the long-term care of wounded veterans. We need true interagency "seamless transition" with measures of merit.

Maintaining National Will in the Global War on Terror

Strategic communication is a key to maintaining national resolve and winning the GWOT which equates to a battle for hearts, souls and minds. History has demonstrated time and time again that the American people are resilient and that they will support a cause if they understand it and if they believe in it. However, our internal political process is partisan and dynamic (i.e. hinged around the election cycle and administrations); hence it may be an obstacle to our national objectives and strategy. In this GWOT which is bloody and asymmetric, it is crucial to condition and prepare the American public for The Long War. Communicating incremental and measured objectives (little victories) is critical to maintaining national and political will.

Aided by geography, the general American public has remained shielded from a world where societal clash and violence are the norm. One only need to look at China, Darfur, Israel-Palestine, Kosovo-Serbia, and numerous other countries for denial of basic human rights which were adopted through a Universal Declaration of Human Rights by the United Nations General Assembly in 1948.⁶ One would have been hard-pressed to find an average American citizen who had ever heard the term “insurgent” prior United States operations in Iraq. Insurgency is not a new phenomenon. Predating the Roman armies in Judea, insurgencies have arguably been the most prevalent form of armed conflict in the history of organized political communities.⁷

Regardless of whether the American people and our elected officials acknowledge it or not, war has been declared against our country. And although much if not all of the public and political debate is centered on “the Bush administration’s war in Iraq and Afghanistan”, the challenge is much broader than that. At the end of the day we are in a societal clash of biblical proportion. Ultimately, Islamic extremists have expressed that their objective is a worldwide Islamic state (Caliphate). The following statement which is posted on a web site owned by the Khalifah Institute is representative of the shared vision of many Islamic extremist organizations.

An Islamic State is one which opts to conduct its affairs in accordance with the revealed guidance of Islam, which accepts the sovereignty of God and the supremacy of His Law in all matters, and devotes its efforts and resources to ensuring the existence of a right society living in accordance with the Will of God. Due to the unique geo-political circumstances of today's world, so dominated by a lone superpower such as the world has never seen, which uses that power to impose Godless secular materialism upon all of world society, it is not the moment for any individual nation to make the attempt to become a true Islamic State. The only possibility for a future world, living rightly according (sp) to the Will of Allah, may be the creation of a Worldwide Islamic State.⁸

As early as 1998, Al-Qaeda and associated movements declared a Jihad against all Americans, civilian and military. In a February 1998 statement, the World Islamic Front issued the following Fatwa (order by a religious authority).

In compliance with God's order, we issue the following fatwa to all Muslims: The ruling to kill the Americans and their allies - civilians and military - is an individual duty for every Muslim who can do it in any country in which it is possible to do it, in order to liberate the al-Aqsa Mosque and the holy mosque [Mecca] from their grip, and in order for their armies to move out of all the lands of Islam defeated and unable to threaten any Muslim. This is in accordance with the words of Almighty God, 'and fight the pagans together as they fight you all together,' and 'fight them until there is no more tumult or oppression, and there prevail justice and faith in God.' We - with God's help - call on every Muslim who believes in God and wishes to be rewarded to comply with God's order to kill the Americans and plunder their money wherever and whenever they find it.⁹

Department of Defense (DoD) officials have characterized our struggle against Islamic extremists as "the long war". Former Secretary of Defense Donald H. Rumsfeld characterized the United States' engagement with Islamic extremist as a struggle that "could be a generational conflict akin to the Cold War, the kind of struggle that might last decades as allies work to root out terrorists across the globe and battle extremists who want to rule the world."¹⁰ Secretary Rumsfeld cautioned America that the "only way that terrorists can win this struggle is if we lose our will and surrender the fight, or think it's not important enough, or in confusion or in disagreement among ourselves give them the time to regroup and reestablish themselves in Iraq or elsewhere".¹¹

Strategist Carl Von Clausewitz asserted that "If you want to overcome your enemy you must match your effort against his power of resistance, which can be expressed as the product of two inseparable factors, viz. the total means at his disposal and the strength of his will."¹² Hence, in order to maintain public support it is essential that the American public must be educated about the nature of the threat that we face and its true intentions. There are similarities to the ideological threat of Communism that we faced during the Cold War and our battle against Islamic extremism. However, there is a major dissimilarity between the two as well. The catalyst behind Communism was political power. In the case of extremism, religion is the motivating force. The challenge then becomes separating those that hold a moderate view of the religion from those that murder in the name of the religion. An additional difference between communism and extremism is that the latter is cloaked as a stateless enemy without borders or a head of state.

The Enemy's Strategy to Erode National Will

A natural question for the strategist would be what are the intentions of the caliphate and what is the enemy's ends, ways and means?

To begin with, Al Qaida certainly engages in strategic thinking. This much is obvious, given the use of all instruments of power at its disposal. Through its diplomatic efforts, it has forged alliances with like-minded Islamic militants in all corners of the world. Relying on its economic capability, it has acquired support by bribing individuals (e.g., leaders of tribes in Afghanistan) and dispensed economic assistance for basic social services to many disadvantaged groups and people in various locales. Al Qaida's well-known and extensive information campaigns include books, pamphlets, formal religious decrees (fatwas), Internet chat rooms and Websites, and the carefully timed release of videos and press communiqués, often in conjunction with guerrilla and terrorist attacks. The explicit synchronization of the information and military instruments is designed to achieve various political objectives. For instance, the purpose of the Madrid bombing in March 2004 was to influence the national elections so that a new government would be installed that would withdraw Spanish troops from Iraq.¹³

Militarily, Al-Qaeda has stated that it is committed to "overthrow of the godless regimes and their replacement with an Islamic regime."¹⁴ Al-Qaeda's other stated missions include:¹⁵

1. Gathering information about the enemy, the land, the installations, and the neighbors.
2. Kidnapping enemy personnel, documents, secrets, and arms.
3. Assassinating enemy personnel as well as foreign tourists.
4. Freeing the brothers who are captured by the enemy.
5. Spreading rumors and writing statements that instigate people against the enemy.
6. Blasting and destroying places of amusement, immorality, and sin.
7. Blasting and destroying the embassies and attacking vital economic centers.
8. Blasting and destroying bridges leading into and out of the cities.

The National Defense Strategy highlights that an "array of traditional, irregular, catastrophic, and disruptive capabilities and methods threaten U.S. interests."¹⁶ Traditional challenges will generally be those associated with nation-states that employ army, navy, and air force capabilities. Irregular challenges tend to focus more on non state actors and are characterized by their exploitation of more intangible targets like U.S. will, influence and patience. Catastrophic challenges focus on proliferation of weapons of mass destruction (WMD) or methods producing WMD-like effects. Disruptive challenges stem from break-through technologies that seek to offset U.S. advantages and include such things as advances in biotechnology, cyber operations, space, or directed-energy weapons. The U.S. military's ability to dominate the traditional realm increases the likelihood that our adversaries will pursue methods which are non-traditional and asymmetric. The best approach to offset the array of

capabilities and methods which threaten U.S. interests is to capitalize on the collective strength of our interagency and intergovernmental capacity.

Without question the United States' strategic environment for warfare in the twenty-first century is more dynamic than at any other time in our history. Proliferation of divergent ideologies, international politics, and continual revolution in information and technology has a profound affect on the strategy which we can employ. Our "asymmetric" environment requires an agile approach to warfare which accounts for traditional as well as contemporary threats.

It is essential that we maintain a transformational approach to strategy which capitalizes on an amalgam of approaches to warfare and continually adapts to the nature of our threat. According to the Joint Staff Director for Strategic Plans and Policy our National Strategy for the GWOT includes a strategic end state which seeks to preserve and promote the way of life of free and open societies based on the rule of law, defeat terrorist extremism as a threat to that way of life, and create a global environment inhospitable to terrorist extremists.

The "ways" of our strategy is to help create and lead a broad international effort to deny terrorists the resources they need to operate and survive. This approach has three elements: protect the homeland; disrupt and attack terrorist networks; and counter ideological support for terrorism. The "means" we will use to accomplish our strategy is through diplomatic, information, military, economic, financial, intelligence, and law enforcement elements of national power.¹⁷

Our National Defense Strategy emphasizes that the nature of warfare has changed in the twenty-first century.

Irregular conflict will be a key challenge for the foreseeable future. Challenges from terrorist extremist organizations and their state and non-state supporters will involve our forces in complex security problems for some time to come, redefining past concepts of 'general-purpose forces.' Comprehensive defeat of terrorist extremists and other irregular forces may require operations over long periods, and using many elements of national power; such operations may require changes to the way we train, equip, and employ our forces, particularly for fighting terrorists and insurgents and conducting stability operations. Working together with other elements of the U.S. government, allies, and partners (including indigenous actors), we require the capabilities to identify, locate, track, and engage individual enemies and their networks. Doing so will require greater capabilities across a range of areas, particularly intelligence, surveillance, and communications. In addition, we will need to train units for sustained stability operations. This will include developing ways to strengthen their language and civil-military affairs capabilities as required for specific deployments.¹⁸

In recognition of America's unrivalled military might, our foes have adjusted their strategies and adopted asymmetric tactics. Unfortunately, our National Defense Strategy does not ruminate

that radical extremists intend to erode our national will by systematically inflicting casualties on American service men and women. Our nation has a moral and strategic responsibility to prepare for this transformational form of warfare.

Responsibility Versus Ability to Care for Wounded Veterans

When President Abraham Lincoln delivered his second inaugural address on March 4, 1865 he did so knowing that he was speaking to a nation which was still grieving the calamity of civil war. The tone of President Lincoln's address indicates that the burden of his time has similarities to those currently facing President Bush and our National leadership.

Fellow-Countrymen: At this second appearing to take the oath of the Presidential office there is less occasion for an extended address than there was at the first. Then a statement somewhat in detail of a course to be pursued seemed fitting and proper. Now, at the expiration of four years, during which public declarations have been constantly called forth on every point and phase of the great contest which still absorbs the attention and engrosses the energies of the nation, little that is new could be presented. The progress of our arms, upon which all else chiefly depends, is as well known to the public as to myself, and it is, I trust, reasonably satisfactory and encouraging to all. With high hope for the future, no prediction in regard to it is ventured.

On the occasion corresponding to this four years ago all thoughts were anxiously directed to an impending civil war. All dreaded it, all sought to avert it. While the inaugural address was being delivered from this place, devoted altogether to saving the Union without war, urgent agents were in the city seeking to destroy it without war—seeking to dissolve the Union and divide effects by negotiation. Both parties deprecated war, but one of them would make war rather than let the nation survive, and the other would accept war rather than let it perish, and the war came.¹⁹

However, it was President Lincoln's closing words during his second inaugural address which established the historic precedence for our Nation's responsibility to care for the wounded.

With malice toward none, with charity for all, with firmness in the right as God gives us to see the right, let us strive on to finish the work we are in, to bind up the nation's wounds, to care for him who shall have borne the battle and for his widow and his orphan, to do all which may achieve and cherish a just and lasting peace among ourselves and with all nations.²⁰

Intuitively it seems reasonable that caring for service members who have risked life and limb in defense of our nation is the just and moral thing to do. America's primary organization charged with administering federal benefits to veterans and their families is The Department of Veterans Affairs (VA), formerly known as the Veterans Administration. The VA is the second largest of fifteen Cabinet level departments in the federal government. The VA estimates that "a

quarter of the nation's population, approximately 63 million people, are potentially eligible for VA benefits and services because they are veterans, family members or survivors of veterans.”²¹

Historically, about one fourth of battle related casualties resulted in fatalities to U.S. service members. Today however, due to remarkable improvements in battlefield medicine, about ninety percent of U.S. service members wounded during battle in Afghanistan and Iraq are surviving injuries, many of which would have been fatal in previous conflicts.²² Notwithstanding the miraculous nature of the survivals, the second and third order effects of this phenomenon require a transformational approach to veteran care. Young men and women are returning from war in the prime of their lives scarred with poly-traumatic injuries and post-traumatic disorders. National media and political agendas have already begun to highlight our federal government's inability to adequately handle the growing demand for long-term veteran care.

During a recent Senate Veterans Affairs Committee hearing to assess DoD and VA collaboration and cooperation to meet the needs of returning service members, Senator Barack Obama summarized the magnitude of our nation's challenge.

...when I look at the programs and systems put into place to help our veterans and compare them to the sheer numbers of servicemembers entering civilian life, I'm worried that many veterans--especially, the less severely injured and those with mental health problems--will fall through the cracks. The numbers are overwhelming. More than 630,000 servicemembers who were deployed in the war on terror are now veterans. More than 50,500 soldiers have been injured in Iraq and Afghanistan. Yet the VA has only provided intensive casework assistance to 6,700 severely injured veterans. That means that a vast majority of troops leaving the military, including many injured men and women, do not have caseworkers dedicated to guiding them through the bureaucracy, scheduling their first medical appointments, and ensuring their benefits are coming through in a timely fashion. This lack of coordination may be the reason why fewer than 1/3 of Iraq and Afghanistan veterans have actually sought care at the VA.²³

An important issue associated with the long-term care of service members is the process of transitioning health care between DoD and VA. According to DoD about 65 percent of OEF and OIF service members wounded in action are injured by blasts and fragments from improvised explosive devices, land mines, and other explosive devices. The challenge is that many of these injuries require comprehensive inpatient rehabilitation services to address complex cognitive, physical, and mental health impairments. While a service member is on active duty DoD manages where they receive their care -- Medical Treatment Facility, a TRICARE civilian provider, or a VA medical facility. Once a service member is discharged from active duty or a member of the National Guard or Reserve is demobilized they may be eligible to receive care from VA's health care system.²⁴

One of DoD's critical steps in proactively initiating health care for individual service members is the Post Deployment Health Assessment (PDHA). According to Colonel Charles W. Hoge, M.D., who is Director of Division of Psychiatry and Neuroscience at Walter Reed Army Institute of Research their organization published data in the Journal of the American Medical Association (JAMA) from over 300,000 PDHA assessments conducted among Soldiers returning from OIF. Colonel Hoge's research showed that "19% of Soldiers returning from Iraq reported some sort of mental health concern, compared with 11% of Soldiers returning from Afghanistan and 9% of Soldiers returning from other deployment locations." 25

The US Comptroller General recently highlighted concern over our nation's fiscal constraints to support the growing demand on the Veterans Administration during testimony to the House of representatives Committee on Government Reform.

One of the variables that can influence how much these efforts will cost the United States is the long-term cost of caring for our veterans. Both improvements in medical care in the field and in body armor have increased the survival rate of those who are seriously injured in combat. However, seriously injured survivors will likely require substantial long-term medical care from the VA, and may require extensive inpatient and home and community-based support services to assist those with traumatic brain injury, spinal cord injury, and other severely disabling conditions.

We also know that many servicemembers have been exposed to intense and prolonged combat, which research has shown to be strongly associated with the risk of developing post-traumatic stress disorder. This disorder can occur after experiencing or witnessing a life-threatening event and is the most prevalent mental health disorder resulting from combat. Mental health experts predict that 15 percent or more of the servicemembers returning from operations in Iraq and Afghanistan will develop post-traumatic stress disorder.

In addition to an influx of more severely injured patients, the VA health care system will be required to serve large numbers of returning veterans with shorter term, more routine, health care needs. VA has estimated that a little more than 100,000 veterans from operations in Iraq and Afghanistan are currently using VA health care services. VA originally underestimated by 77,000 the number of returning veterans who would use its health care, which in part required the VA to request additional appropriations in both fiscal years 2005 and 2006. Long-term estimates of how many returning veterans will use VA health care and the costs of that care are imprecise for a variety of reasons, including uncertainty about the duration of operations in the theaters as discussed above. But, current levels of usage by returning servicemembers indicate a growing VA health care workload and costs. Furthermore, while we have no clear idea of the magnitude, there will undoubtedly be long-term financial commitments associated with payments to veterans with long-term disabilities.²⁶

An October 2006 assessment by the Democratic Staff of the House Committee on Veteran Affairs surveyed sixty team leaders from The Department of Veterans Affairs

Readjustment Counseling Service Vet Centers.²⁷ The nationwide survey focused on determining whether the Vet Centers experienced significant increases in outreach and services to Operation Iraqi Freedom and Operation Enduring Freedom veterans. The assessment also focused on whether the Vet Centers experienced any affects to capacity and quality of counseling services to veterans.

The report revealed that Vet Centers have experienced a significant increase in readjustment and outreach counseling services to OEF/OIF veterans. In fact, during the nine month period between October 2005 through June 2006, the number of veterans returning from OEF/OIF who sought Vet Center assistance for readjustment concerns and PTSD services had doubled. The increase in workload did affect access to quality care since there was no increase in counseling staffing. Subsequently, Vet Centers have resorted to limiting access and services at a time when they are required more than at any other point in history.

PTSD and other post deployment readjustment problems continue to take a terrible toll on families resulting in estrangement, family violence, high rates of divorce, and homelessness...Expert opinion holds that marital and family relationships play a crucial role in the veteran's recovery...Clinical experience strongly promotes family outreach as a core element of prevention and early intervention with new combat veterans. Veterans do not live in a vacuum. It is impossible to separate their readjustment issues from those of their families. It is often possible to engage them through their families...The Special Committee strongly recommends that every Vet Center have the capacity to ensure access to family services.²⁸

A Transformational Approach to Veteran Care

Army Secretary Francis Harvey was recently interviewed following a series of newspaper articles that highlighted poor conditions at Walter Reed Medical Center outpatient housing. Secretary Harvey's comments summarize our federal government's current posture to manage veteran care and highlights the need for transformation. "In the warrior ethos, the last line says you should never leave a fallen comrade, and from that facility point of view we didn't live up to it . . . and it looks to me we may have not lived up to it from a process side."²⁹

The current model for managing veteran care has been in existence since 1930. The "Veterans Administration", as it was originally named, was created by President Herbert Hoover and at that time, there were fifty-four hospitals with approximately 4.7 million living veterans. Legislation to elevate the VA (Department of Veteran Affairs) to Cabinet status was signed by President Ronald Reagan in 1988 and on March 15, 1989 it became the 14th Department in the President's Cabinet.³⁰ Although the VA's name has changed since its inception, the basic business model for overseeing veteran care has not.

Just as we have seen in executing the operational realm of the war against terror, an interagency approach is needed to adequately address veteran care. No single or stovepipe agency approach can keep up with the overwhelming demand of this task. The magnitude of the challenges associated with veteran care demands interdependence from multiple functional areas throughout the federal government and private sector.

Each service within DoD has taken steps to help mitigate challenges associated with caring for the wounded. Most notably, the Army has taken a multi-faceted approach to managing divergent challenges for ensuring care to both active and reserve component soldiers. Through programs like Medical Retention Processing (MRP), Medical Holdover (MHO) and Community Based Health Care Initiative (CBHCI) the Army seeks to help soldiers navigate through an array of pay issues, medical benefits and command and control. In the case of reserve component soldiers, MHO and CBHCI allows these service members to remain on and perform duty while receiving health care and administrative processing close to their home/family. However, these programs only assist soldiers while they remain on active duty. As noted, many of the illnesses and injuries incurred by OEF and OIF veterans require years if not a lifetime of treatment.

A joint/Interagency approach to begin assessing and addressing veteran care is vital to our national security. The existing business model for this type of solution can be observed through the DoD Military OneSource Center for Severely Wounded. This relatively small organization, run by the Office of the Secretary of Defense (OSD), consists of members from DoD, VA, Department of Labor, and the Department of Homeland Security's Transportation Safety Administration (TSA). Formalizing and expanding the organizational construct of the "OneSource" concept along with the community outreach of the CBHCI would be a powerful enabler to assist our government in identifying and addressing the many challenges encountered by our recovering veterans. A formalized community based OneSource organization with measures of merit would help ensure veterans realize seamless transition through joint and interagency solutions.

Conclusion

Twenty-first century warfare is ideological as opposed to a struggle for land and material and requires a Revolution in Military Affairs. In the long war, which in reality is a war of ideas, communication(s) is the enabler which we must master. The battlespace of twenty-first century warfare is the will of the people and victory against the insurgency will be won and/or lost at the strategic level. America needs to improve strategic communication to win the GWOT. One key

element of the United States government's communication strategy is to provide immediate and long-term care and support to our wounded veterans, regardless of their physical injury or mental illness. In order to ensure long-term care of wounded veterans, true "seamless transition" between government agencies as well as non-governmental organizations is essential.

Endnotes

¹ Abraham Lincoln, "Second Inaugural Address, Washington, D.C. March 4, 1865", available from <http://showcase.netins.net/web/creative/lincoln/speeches/inaug2.htm>; accessed 3 February 2007

² George W. Bush, Declaration of National Emergency by Reason Of Certain Terrorist Attacks By the President of the United States of America (White House Office of the Press Secretary, 14 September 2001).

³ George W. Bush, President Issues Military Order: Detention, Treatment, and Trial of Certain Non-Citizens in the War Against Terrorism (White House Office of the Press Secretary, 13 November 2001).

⁴ George W. Bush, "President Bush: 'No Nation Can Be Neutral in This Conflict' Remarks by the President To the Warsaw Conference on Combatting Terrorism" (White House Office of the Press Secretary, 6 November 2001).

⁵ Thomas X. Hammes, "Insurgency: Modern Warfare Evolves into a Fourth Generation," Strategic Forum, National Defense University, (January 2005): 1.

⁶ The General Assembly of the United Nations, "Universal Declaration of Human Rights Adopted and proclaimed by General Assembly resolution 217 A (III) of 10 December 1948," available from <http://www.un.org/Overview/rights.html>; accessed 4 February 2007.

⁷ Bard E. O'Neil, *Insurgency & Terrorism* (Washington, D.C., Potomac Books Inc., 2nd Edition, 2005), 1.

⁸ "A Proposal for the Formation of the Worldwide Islamic State" linked from The Official Website of Khalifah Institute, available from <http://www.islamic-world.net/videos/state.htm> accessed 30 January 2007.

⁹ Jerrold M. Post, M.D., *Military Studies in the Jihad against the Tyrants: The Al-Qaeda Training Manual* (USAF Counterproliferation Center, Maxwell AFB, AL, August 2004) 6.

¹⁰ Josh White and Ann Scott Tyson, "Rumsfeld Offers Strategies for Current War" *Washington Post*, 3 February 2006; available from <http://www.washingtonpost.com/wp-dyn/content/article/2006/02/02/AR2006020202296.html>; accessed 10 February 2007.

¹¹ *Ibid*, A08.

¹² Carl Von Clausewitz, *On War* (Princeton, NJ: Princeton University Press, 1976), 77.

¹³ Bard E. O'Neil, *Insurgency & Terrorism* (Washington, D.C., Potomac Books Inc., 2nd Edition, 2005), 65.

¹⁴ Jerrold M. Post, M.D., *Military Studies in the Jihad against the Tyrants: The Al-Qaeda Training Manual* (USAF Counterproliferation Center, Maxwell AFB, AL, August 2004) 23.

¹⁵ *Ibid*, 23.

¹⁶ Donald H. Rumsfeld, *The National Defense Strategy of the United States of America* (Washington, D.C.: The Department of Defense, March 2005), 2-3.

¹⁷ LtGen John F. Sattler (USMC), Joint Staff, Director, Strategic Plans & Policy "J5 Strategic Update to Army War College" briefing slides with scripted commentary, Carlisle Barracks, U.S. Army War College, 30 October 2006, 8.

¹⁸ Donald H. Rumsfeld, *The National Defense Strategy of the United States of America* (Washington, D.C.: The Department of Defense, March 2005), 14-15.

¹⁹ Abraham Lincoln, "Inaugural addresses of the presidents of the United States: from George Washington to George W. Bush", (Washington, D.C.: U.S. G.P.O., 1989) Bartleby.com, 2001; available from <http://www.bartleby.com/124/pres32.html>; accessed 13 February 2007

²⁰ *Ibid*.

²¹ Department of Veterans Affairs, "Facts About the Department of Veterans Affairs", May 2006, available from <http://www1.va.gov/opa/fact/vafacts.asp>; accessed 7 January 2007.

²² Department of Veterans Affairs, "America's Wars", November 2006, available from <http://www1.va.gov/opa/fact/amwars.asp>; accessed 7 January 2007.

²³ U.S. Congress, Senate, Committee on Veteran Affairs (Oversight hearing: DOD/VA Collaboration and Cooperation to Meet the Needs of Returning Service members, 110th Cong., January 23, 2007) available from <http://veterans.senate.gov/index.cfm?FuseAction=Hearings.CurrentHearings&rlD=891>; accessed 17 February 2007.

²⁴ U.S. Government Accountability Office, *Transition of Care for OEF and OIF Servicemembers, (VA and DOD Health Care: Efforts to Provide Seamless Transition of Care for OEF and OIF Servicemembers and Veterans, , Washington, D.C.: Government Accountability Office, June 2006)* 5.

²⁵ U.S. Congress, House of Representatives, Statement by Colonel Charles W. Hoge, M.D., USA, Committee On Veterans' Affairs Subcommittee On Health, Hearing On Post Traumatic Stress Disorder And Traumatic Brain Injury, 109th Cong., 28 September 2006.

²⁶ U.S. Congress, House of Representatives, Statement by David M. Walker, Comptroller General of the United States, Subcommittee on National Security, Emerging Threats, and International Relations, Committee on Government Reform: Observations on Funding, Costs, and Future Commitments, 109th Cong., July 2006, 19.

²⁷ U.S. Congress, House of Representatives, Committee on Veterans' Affairs- Democratic Staff, Review of Capacity of Department of Veterans Affairs Readjustment Counseling Service Vet Centers, 109th Cong., October 2006, 2.

²⁸ Department of Veterans Affairs (Fifth Annual Report of the Department of Veterans Affairs Under Secretary for Health's Special Committee on Post Traumatic Stress Disorder: 2005), 31-32.

²⁹ Dana Priest and Anne Hull, "Swift Action Promised at Walter Reed: Investigations Urged as Army Moves to Make Repairs, Improve Staffing" Washington Post, 21 February 2007) sec. A. p. 8.

³⁰ Department of Veterans Affairs, "Facts About the Department of Veterans Affairs", May 2006, available from <http://www1.va.gov/opa/fact/vafacts.asp>; accessed 7 January 2007.